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	•	UTILITY		A	ttorney Dock	cet No.	35.C13282		36.s	
k.	PATENT APPLICATION				First Named Inventor or Application Identifier			, 88		
	TR/	TRANSMITTAL			ISAMU UENO		-		(OH	
	Only for new nonprovision				Express Mail Label No.					
	APPLI See MPEP chapter 600	CATION ELEME concerning utility patent	NTS t application contents	S.	ADDR	ESS TO:		mmissioner fo Application DC 20231	or Paterits	
	Fee Transmittal (Submit an origi	Form inal, and a duplicate fo	or fee processing)		6.	Microfiche	Computer Program	n (Appendix)		
	2. X Specification	Total Pa	ges 42			tide and/or A cable, all ne	Amino Acid Sequer cessary)	nce Submissio	on	
	3. X Drawing(s) (35 USC 113) Total Sheets 8					a (	Computer Readable	е Сору		
						=	Paper Copy (identic	•		
The way have the time the first first first first	4. X Oath or Declaration Total Pages 2					c \$	Statement verifying	identity of at	oove copies	
	a. Newly	Newly executed (original or copy)			ACCOMPANYING APPLICATION PARTS					
	b. X Unexe	secuted for information purposes			8. Assignment Papers (cover sheet & document(s))					
ann, ann m	c. Copy (for co		prior application (37 CFR 1.63(d)) on/divisional with Box 17 completed) tox 5 below]		9.		3(b) Statement e is an assignee)	Pov	ver of Attorne	у.
m. som g	i	i. DELETION OF INVENTOR(S) Signed Statement attached deleti inventor(s) named in the prior app			10.	English Tra	inslation Documen	nt (if applicable	<b>)</b>	
g:	333 07 07 K 1135(0)(2) and 1135(0).				11.		Disclosure (IDS)/PTO-1449		pies of IDS ations	
10 mm				as	12.	Preliminary	Amendment			
Prof. Mary State good Trees were					13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
W. J					14.	Small Entity Statement(s		ent filed in prio still proper and		
					15.	Certified Co	opy of Priority Doc oriority is claimed)	cument(s)		
					16.	Other:				
7	`. 									_
'	17. If a CONTINUING AF	PPLICATION, check an	propriate box and	laaus	v the reauisi	te information	<u>n:</u>			
Continuation Div					tion-in-part		of prior application	No/		_
	18. CORRESPONDENCE ADDRESS									
	Curta	as Box Code Labor	5514 Attach bar code label here). or Correspondence address below							
	X Customer Number	Customer Number or Bar Code Label (Insert: Customer: No. o			or Attach bar code label here) or Correspondence address below					
	NAME					-				
	Address						<del>.</del>			
	City	<del></del>	State				7in Codo			
	Country		Telephone				Zip Code Fax			





CLAIMS	(1) FOR	(2) NUMBER FILED (3) NUMBER EXT		(4) RATE	(5) CALCULATIONS	
	TOTAL CLAIMS (37 CFR 1.16(c))	39-20 =	19	X \$ 18.00 =	\$ 342.00	
	INDEPENDENT CLAIMS (37 cfr 1.16(b))	3-3 =	0	X \$ 78.00 =	\$ 0.00	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$260.00		\$260.00 =	\$ 260.00		
				BASIC FEE (37 CFR 1.16(a))	\$ 760.00	
			Total of	above Calculations =	\$1,362.00	
	Reduction by 5					
Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).  TOTAL = \$1,362					\$1,362.00	
b. c.		ntity statement was filed d desired per claimed.	in the prior nonprovision	onal application and s	Such Status is Still	
eo. [	X A check in the am	ount of \$ <u>1,362.00</u>	to cover the filing fe	e is enclosed.		
21.	A check in the am	ount of \$	to cover the recordal f	ee is enclosed.		
The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:						
a	a. X Fees required under 37 CFR 1.16.					
b	b. X Fees required under 37 CFR 1.17.					
		uired under 37 CFR 1.18				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	Abigail F. Cousins (Reg. No. 29,292)				
SIGNATURE	Abigail Corsins				
DATE	January 22, 1999				

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